computertalk
NOVEMBER/DECEMBER 2019 FOR THE PHARMACIST

The New Vision: The Next Big Thing

Vendors and pharmacists share their thoughts on what innovative pharmacies, technology vendors, and pharmacy organizations see as the biggest and best moves for 2020.

story begins on page 13.

26 **Podcasts for Pharmacists**
A New Way of Catching Up

28 **Clinical Services Out of Necessity?**
What's Ahead in 2020

30 **The Patient Satisfaction Factor**
Interventions: Key to Higher Satisfaction

NCPA 2019 Convention Coverage

Be like Miral-

Save valuable time without losing valuable space.

Do you need affordable and reliable tabletop counting technology but lack counter space? The RM1™ is a compact, vision-based tabletop counting system perfect for growing or space-limited pharmacies. The RM1 quickly and accurately counts solid oral medications, has an easy-to-clean surface and saves you valuable time without taking up scarce counter space. Less than 8 inches tall and lightweight at only six pounds, the RM1 packs efficiency and affordability into one powerful and portable automated counting system.

See the future of pharmacy automation and what it can do for you.
Visit rxmedic.com or call 800.882.3819.

"It definitely improves our workflow efficiency and it's very easy to use. We've tried other counters in the past and they didn't work well for us. The RM1 works and it's a great value. We have seven, one for each of our locations."

Miral Patel, RPh – Owner, Curlew Pharmacies, Clearwater, FL

RxMedic

© 2019 RxMedic Systems, Inc. RxMedic is a registered trademark and RM1 is a trademark of RxMedic Systems, Inc. RxMedic Systems, Inc. is a subsidiary of the J M Smith Corporation.

FrameworkFlow™
A SoftWriters Solution

softwriters.com 412-492-9841 sales@softwriters.com

Reach new heights with the power of FrameworkLTC®, in the palm of your hand.

With FrameworkFlow, your team can easily connect to FrameworkLTC from anywhere in the pharmacy, and across their favorite iOS and Android supported devices. Improve operational efficiencies throughout the fulfillment process, like:

Inventory
Make inventory management streamlined, flexible, and efficient by easily scanning products from anywhere in the the pharmacy, while automatically syncing your data with FrameworkLTC.

Packaging
Streamline quality checks utilizing barcode-enabled scanning to easily verify that the drug labels being packaged match the drug on the prescription label.

Review
Wirelessly capture pharmacist or technician ID and timestamps for each phase of the fulfillment process, including final review.

Toting
Easily track, manage, and streamline your orders with built-in notifications that verify accuracy.

Start transforming your pharmacy today with FrameworkFlow.
Visit softwriters.com/frameworkflow for more information.

© 2019 SoftWriters

computertalk®
FOR THE PHARMACIST

Nov | Dec 2019
The intersection of technology and management.

by Bill Lockwood

We went out and asked pharmacy owners and technology companies to share what they see as having an impact on the future of pharmacy. We report here what we learned. **story begins on page 13.**

Plus…

Solutions for the Pharmacy of the Future, pg. 16
Connecting for Care, pg. 18
Pharmacy Software Underutilized, pg. 20
Beyond Dispensing, pg. 22

features

8 Passion and Technology: The Foundation at White's Pharmacy
by Maggie Lockwood

Pharmacy owner Alexandra White looks to carry on the family pharmacy business and honor her grandfather's legacy at White's Pharmacy. While technology may have changed since the pharmacy first installed its pharmacy system in 1978, the core philosophy at White's remains the same: treat the customer like family.

10 "Yes, We Can Do That": A Pharmacy That's Patient Focused
by Maggie Lockwood

Lucas Smith, owner of Buena Vista Drug, is a typical pharmacist in many ways: running a pharmacy in a small community. But he also represents the pharmacist of the future, as he diversifies the pharmacy's offerings through new clinical services and stocking medical equipment in response to patients' requests, and using his pharmacy system to document and manage patient records.

departments

4 Publisher's Window
Accessing PDMP Data

6 Industry News

7 PharmacyPlusTechnology: Online Content

26 Technology Corner
Podcasts for Pharmacists

28 Viewpoints
2020: Clinical Services Out of Necessity?

30 Catalyst Corner
Patient Satisfaction Better with Pharmacist Discussion

31 Index of Advertisers

32 Conference Circuit
NCPA 2019 Annual Convention & Expo

pharmacy forward

23 You and Your Primary Wholesaler*
The relationship between pharmacies and their primary wholesaler has dramatically evolved over the past 30-plus years. Mike Sosnowik, president at PharmSaver, gives the tools available to pharmacists to manage wholesaler agreements, identify significant cost savings, and avoid ever-growing reimbursement pressures.

25 Customer Service as Pharmacy Development Incubator
Community pharmacists rely on customer support departments to solve problems and field ideas to improve their systems. Here's an insider's look at how to best take advantage of that time on the phone. *ComputerTalk*'s Maggie Lockwood shares insights from Adam Engel, director of client services at Liberty Software.

**Sponsored Content*

2019
SURVEY

Independent Pharmacy Study

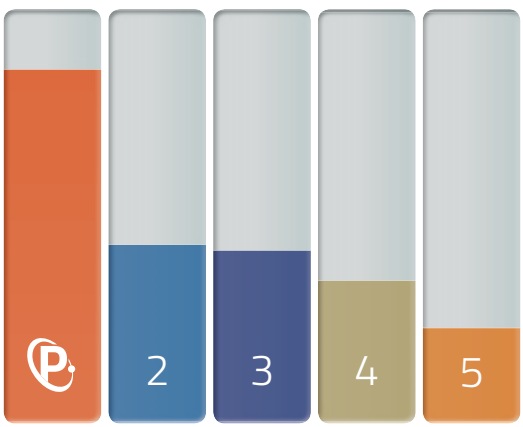
PioneerRx - Number 1 with Independent Pharmacists.

Direct Opinions market research firm released the results of a 2019 study analyzing pharmacy software usage within the independent pharmacy industry. Results of this study reveal PioneerRx continues substantial leadership within the industry, outperforming competitors such as McKesson, ComputerRx, Liberty, and Rx30.

The goal of this research was to identify market shares, compare customer satisfaction scores, and evaluate competitive switching. The survey was conducted as a double-blind study through a telephone questionnaire. The Hayes Directory was used as a participant pool, consisting of 20,088 independent pharmacies across the United States. Data was collected from 2,007 respondents.

Software Installations

WITHIN 12 MONTHS PRIOR TO STUDY



Twice as many pharmacies **choose** PioneerRx over any other competitor.

Top Conclusions

- PioneerRx is the Most Installed Software at Opening
- PioneerRx is the First Choice for Conversions
- PioneerRx has the Most Loyal Customers

computertalk
www.computertalk.com
Volume 39, No. 6
nov/dec 2019

STAFF

William A. Lockwood, Jr.
Chairman/Publisher

Maggie Lockwood
Vice President/Director of Production

Will Lockwood
Vice President/Senior Editor

Toni Molinaro
Administrative Assistant

Mary R. Gilman
Editorial Consultant

ComputerTalk (ISSN 0736-3893) is published bimonthly by ComputerTalk Associates, Inc. Please address all correspondence to ComputerTalk Associates, Inc., 492 Norristown Road, Suite 160, Blue Bell, PA 19422-2339. Phone: 610/825-7686. Fax: 610/825-7641.

Copyright© 2019 ComputerTalk Associates, Inc. All rights reserved. Reproduction in whole or in part without written permission from the publisher is prohibited. Annual subscription in U.S. and territories, $50; in Canada, $75; overseas, $95. Buyers Guide issue only: $25 Printed by Times Printing LLC.

General Disclaimer
Opinions expressed in bylined articles do not necessarily reflect the opinion of the publisher or *ComputerTalk*. The mention of product or service trade names in editorial material or advertisements is not intended as an endorsement of those products or services by the publisher or *ComputerTalk*. In no manner should any such data be deemed complete or otherwise represent an entire compilation of available data.

Member ASAP 2019

Bill Lockwood
Chairman | Publisher
Bill can be reached at
wal@computertalk.com

Accessing PDMP Data

As more and more states require pharmacists to check their prescription drug monitoring program (PDMP) before dispensing an opioid, the quality of the data reported to the PDMPs will have a bearing on getting a "match" on the person of interest.

This is where it is important to recognize that what's reported to a PDMP is going to determine to a large degree how often you are going to find the person you are looking for when checking the PDMP data.

Data elements that are used to identify the individual are the patient's full name, address (including ZIP code), date of birth, gender, and phone number. These are the data fields that must contain accurate and consistent information when reporting prescriptions dispensed to your state's PDMP. Gender and phone number increase the probability of a match, but not all PDMPs require reporting these data elements.

The American Society for Automation in Pharmacy (ASAP) developed a standard designed to allow queries of PDMP data from within the workflow of your pharmacy system rather than through a web portal supported by the PDMP. It is called the ASAP Web Services standard to differentiate it from the ASAP standard used to report controlled substances dispensed.

The standard allows selecting a date range and then multiple states in a single query. The standard also supports a "pick list." This is where the state would send back a list of probable matches with a weighting indicating the confidence level that the person matches your criteria. A reference number is assigned to each person, and that number is used to access the prescription history on the person you select.

Appriss Health, which provides the gateway to NABP's (National Association of Boards of Pharmacy) PMP InterConnect program, supports the ASAP standard. The standard can also display the risk scores that Appriss would send back on the person selected.

Another feature of the standard is that it is designed to automatically check with the PDMP to see if anyone has reached the state's threshold for sending out an alert to a prescriber and pharmacy.

If you do not have the functionality in your pharmacy system to query PDMP data directly from your system, then I suggest you talk to your system vendor about incorporating the ASAP standard. Of course, it all depends on your state allowing access to its data directly from your pharmacy system. A starting point would be to check with your PDMP.

The ASAP Web Services standard is available by going to asapnet.org and clicking on publications. **CT**

From our family to your pharmacy

As a family owned and operated company, we know the value of a hard day's work and believe good business starts with partnerships, not profits.

Since 1985, BestRx has served the needs of independent pharmacies with innovative solutions to streamline business, increase revenue, and enhance the care you provide to patients. With BestRx, you can rest assured knowing our product isn't a one and done deal - it's an ongoing relationship to grow businesses and strengthen communities.

BestRx PHARMACY SOFTWARE

Let's talk.

1200 Jorie Blvd Suite 310
Oak Brook, IL 60523
1-877-777-5758
sales@bestrx.com

BestRx Pharmacy Software announced the opening of its first branch office on the West Coast in Irwindale, Calif. In addition to the West Coast office, BestRx is also doubling its headquarters by occupying additional space in its Oak Brook, Ill., headquarters.

The West Coast office is BestRx's latest step in expanding its geographical footprint to accommodate its rapidly growing customer base. BestRx has had staff working in the Los Angeles area for the past several years, but until now they had been working remotely from their homes. The opening of the branch office will bring the company's staff together for improved collaboration and facilitate greater teamwork. Along with the current staff moving into the office, BestRx will be rapidly hiring over the next few months to add significantly to its West Coast operations.

"The new office opens up opportunities for adding new support staff to meet demand," says Bart Rogacewicz, senior operations manager of BestRx. "With this location, we'll be able to provide the support that our current customers have grown accustomed to throughout the entire business day, regardless of time zone."

The additional space at BestRx's Illinois headquarters will create room for new hires and will also include space dedicated to improving the overall well-being of its staff.

Hemal Desai, president of BestRx, says: "We have been fortunate to have been growing at an incredible pace over the past few years, both in terms of our staff and our client base. By expanding our offices in both Chicago and Los Angeles, it allows us to keep adding talented members to the BestRx team and continue our mission to help independent pharmacies serve their patients and communities."

The **National Community Pharmacists Association (NCPA)** announced that it has teamed up with **PRS Pharmacy Services** to launch the NCPA CBD Source, a first-of-its-kind online resource for community pharmacies that features cannabidiol products as well as general information about the CBD industry. The NCPA CBD Source will serve as an easy-to-navigate website providing pharmacies with answers they may need to make educated decisions about the growing CBD marketplace.

"Many pharmacies are deciding to sell CBD products because of the patient demand and because, as the medication expert, they can serve as the source of truth," says NCPA CEO Doug Hoey. "Pharmacy owners want to be able to answer their patients' questions and recommend products where they can check their certificate of analysis. The new CBD Source goes a step further and will be sending product samples to an independent lab to verify strength and product integrity."

The NCPA CBD Source, powered by PRS, will function much like any other online shopping site but with resources for pharmacist CBD education and marketing tools and with products researched by NCPA and PRS. Samples of products on the site will be tested for concentrations of all cannabinoids, including CBD and THC, by an independent third-party lab. While the NCPA CBD Source will include experts whom pharmacists may call and ask about buying, selling, and marketing, pharmacists are also encouraged to familiarize themselves with local, state, and federal laws governing the sale of CBD products.

Indy Health Incorporated, the nation's first Medicare Part D plan wholly owned by independent pharmacies and independent pharmacy organizations, introduced its executive team at a by-invitation meeting at the 2019 National Community Pharmacists Association Annual Convention & Expo in San Diego, Calif.

"We couldn't be more excited to introduce this new leadership team," says Laura Atkinson, CEO and co-founder of Indy Health Solutions LLC, the parent company. "We were fortunate to find these individuals, each of whom embodies the values and commitment Indy Health brings to the Medicare Part D marketplace. Together they bring a bold combination of spirit, commitment to care, and a fierce desire to provide much-needed transparency, which some PBMs have failed to do, resulting in high drug costs for consumers over the last many years."

The executive team consists of Amanda Peterson, Pharm.D., CEO; Alynn Purdum, Pharm.D., COO; and Eugene Samuels, J.D., M.B.A., chief legal and compliance officer.

"Indy Health's intention is to return transparency and fairness to the pharmacy industry that has been missing with the current model, as well as to rein in the soaring cost of drugs, benefiting both consumers and independent pharmacies," says Atkinson.

Mutual Drug, a member-owned network of over 550 independent pharmacies in the Southeast, has entered into a strategic alliance with **PerceptiMed** to introduce the scripClip pick-to-light will-call system to pharmacies.

According to Meredith Lauderdale, VP of sales for Mutual Drug, the agreement will allow Mutual Drug members to more efficiently serve their patients. The scripClip system uses proprietary software to support a system of LED-embedded clear plastic hanging prescription bags, as well as plastic clips that can be affixed to paper bags and large containers. The system speeds up the process of placing prescriptions in the will-call area without alphabetizing prescriptions. With scripClip, prescriptions can be quickly retrieved by pharmacy staff simply by looking for the bag(s) with the flashing, color-coded LED.

"We are excited to be working with PerceptiMed to bring this new technology to our members," says Lauderdale. "One of our important goals is to help our pharmacies provide better clinical services to their patients. PerceptiMed streamlines their workflow so the pharmacist can deliver enhanced services to their patients, including immunizations and diabetes education."

Frank Starn, CEO of PerceptiMed, says that working with Mutual Drug is both an honor and an opportunity: "Mutual Drug, being a cooperatively owned distributor, has extremely close relationships with the pharmacies they serve. We feel that by working together we'll be able to bring the customer service benefits of scripClip to hundreds of more pharmacies than we could on our own." **CT**

Pharmacy*Plus*Technology: Online Content

Pharmacy voices and trends at www.computertalk.com

New to www.computertalk.com, guest blogs from subject matter experts and pharmacists using technology to make their pharmacy better. Learn more and share your thoughts. Right now you can access these articles:

Are You Ready for CPESN? Five Key Services*

By *Emily Smith, Marketing Coordinator, QS/1*

Community Pharmacy Enhanced Services Networks offer a promising way to differentiate yourself with both patients and payers. CPESN member pharmacies come together to improve patient outcomes with optimal medication use. They agree to provide enhanced services that go beyond dispensing and basic patient education. Take a minute to evaluate your pharmacy against some of what CPESN encourages.

HHS Final Drug Pricing Rule Fails to Address Pharmacy DIR Fees*

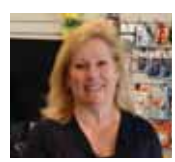
Contributed by Micro Merchant Systems

Despite strong support from leading pharmacy associations, patient advocacy groups, senior citizen groups, and members of the U.S. Congress, in May 2019 the U.S. Department of Health and Human Services (HHS) issued a final drug pricing rule for Medicare and Medicaid that failed to address the serious issue of pharmacy direct and indirect remuneration (DIR) fees.

The Next Big Thing: Independently Owned and Operated

An interview with Diana Lischin, R.Ph., owner, Coats Pharmacy and Angier Family Pharmacy

In this interview Lischin shares the way ScriptPro technology has helped her redefine her pharmacy to best serve her patient population, and gives her view on the technologies she sees changing the pharmacy of the future.



Sign up for our weekly eNewsletter at www.computertalk.com/enews-signup/

** Sponsored Content*

Passion and Technology: The Foundation at White's Pharmacy

by Maggie Lockwood
VP, Director of Production

Alexandra White, Pharm.D., looks to carry on the pharmacy business and honor her grandfather's legacy at White's Pharmacy Inc. in Wiggins, Miss.

At eight years old, Alexandra "Alex" White would work Saturdays in her grandfather's shop, White's Pharmacy. Each week, she would help customers find items and help the cashiers with their chores. She remembers the way her grandfather, John Milton White, R.Ph., helped customers who might need a store credit because they were on hard times, or the way he'd run a promotion to bring customers in — in particular, the time he raffled off a pony. And she remembers his dedication to the pharmacy profession.

Alex White

"Papa was the type, he was always in the back room on the phone, talking to pharmacy colleagues to see what everyone was doing," says Alex. "And he was always trying to see in which direction healthcare was headed."

Clearly, he saw the impact that technology was going to have on healthcare. In 1978, John White installed the first QS/1 system in the state of Mississippi, "which was his claim to fame," says Alex. John White's commitment to QS/1 was recognized at a recent customer conference, when Alex was presented with a bouquet of flowers honoring the family-owned pharmacy for 40 years as a customer. Alex accepted the award on behalf of her beloved grandfather, who passed away this past March.

John White installed one of the first 200 QS/1 systems in the country. "John saw the benefits and gave us recommendations on benefits to make the system better," says QS/1 sales representative Dennis Antici. "He was not only a customer but a partner. He was extremely proud of having a computer and having a QS/1 system."

White was one of those people who saw the benefit in the investment, not just the cost, says Antici. He was so sure of the ROI (return on investment), he would hang out at the QS/1 booth during trade shows and give demos. "He would reach out to peers to come over and take a look," recalls Antici. "He wanted to share the success story of using the system himself."

Anytime QS/1 offered a new product or feature, like point of sale and IVR (interactive voice response), John White asked when he could install it. Alex shares her grandfather's progressive approach to technology. "Alex is ready to move the pharmacy forward," says Antici. "She is also looking to be a partner with her system vendor."

Like her grandfather, Alex is passionate about her customers in this rural community of 18,000. She looks for coupons to make their medications affordable and calls their doctors to check on prior authorizations, refills, and medication history. Many of her patients are elderly, with multiple disease states — diabetes, cholesterol, and high blood pressure. "Pharmacists play an important role here," says Alex, who has the store registered to provide diabetes education and bill Medicare for that specific service; it is called DMSE (Diabetes Self Management Education).

"I'm excited. The main thing is I want my grandfather's legacy to live on," she says.

THE NEXT GENERATION

While systems have changed, and the nature of pharmacy is slowly shifting from billing for prescriptions to billing for services, the core philosophy at White's remains the same: treat the customer like family. That family feeling starts with the staff, which is multigenerational and includes siblings working side by side. Alex's mother and co-owner, Rebecca "Becky" White Pipkins, has worked in the pharmacy since she was a teenager. Alex's father, also a pharmacist, works there too.

The store is half a gift shop, with candles, cards, jewelry, and a large bridal registry. The gift shop was for years in Alex's grandparents' antebellum home across the street from the pharmacy. In 2009, Becky moved

the gift shop and pharmacy to its current location, which is about 3,000 square feet. Carrying on the family legacy of using technology (Becky installed a ScriptPro robot in 2009), Alex relies on a suite of interfaces to support her clinical programs through Amplicare, PrescribeWellness, Mirixa, OutcomesMTM, and StrandRx. Alex says she likes Amplicare's customer support chat feature and its support of Medicare Part D plan enrollment, as well as its checking on the pharmacy's performance rates, which helps minimize DIR (direct and indirect remuneration) fees. She wants her customers to understand the relationship between lifestyle and healthcare.

"There are more drugs, more disease states, more people," she says. "Before, you might get a medication for an acute illness, but now we are treating disease states. We are now seeing our patients more often than Papa did. We can see our patients three days a week or more."

Times haven't changed, though, when it comes to the White's combination of personal connection backed by technology. Alex says she hopes the pharmacy systems give her more access to data shared with doctors and hospitals. She has gotten involved with CPESN (Community Pharmacy Enhanced Services Network) and sees the benefits of collaborative relationships with hospitals. "I would hope we are more integrated with healthcare. That's what CPESN wants. Then we can call a patient and say 'Hey, you got out of the hospital. Let's go over what happened — what are your medications, and can we help set up an appointment with your primary care physician?'" she says. "I'm optimistic about the future of pharmacy. It's not about making a profit on filling a prescription; it's for billing for our services, what we can provide to our patients."

The history of an independent. From top, clockwise: The staff at White's carries on the independent tradition; John White celebrating the store's 50 years; Alex and QS/1's Dennis Antici; press coverage from the archives.

To succeed, Alex says, it comes down to family: "My mom is behind me 100%. And she's giving me the reins to do what I think we need to make the store run better and to help our patients live a longer, healthier life."

As the next generation, Becky says of her daughter, "It takes someone with computer-savvy skills to keep up with the latest in pharmacy technology." **CT**

Maggie Lockwood is VP, director of production at ComputerTalk. *She likes sharing the stories of pharmacist entrepreneurs who use technology to find success. You can reach her at maggie@computertalk.com.*

"Yes, We Can Do That": A Pharmacy That's Patient Focused

by Maggie Lockwood
VP, Director of Production

Lucas Smith, Pharm.D., owner at Buena Vista Drug, has diversified clinical services and responded to patients' requests, building a relationship with his community and generating new revenue, thanks to an increase in cash payments.

Like many community pharmacists, Lucas Smith found a small community, Buena Vista, Colo., where he wanted to work as a pharmacist, and has set down roots. He has moved from pharmacist to owner at Buena Vista Drug, and is now expanding the business, opening another location 30 minutes away.

Smith is also an example of the pharmacist of the future, as he looks to clinical services and products to augment his prescription business. He has forged collaborative relationships with area providers in this town of 3,000, two and a half hours southwest of Denver. Since Smith arrived at Buena Vista five and a half years ago, and he and his wife took on ownership two and a half ago, his goal has been to expand access to services.

The pharmacy's med sync program now has 400 patients enrolled. Smith has taken advantage of Colorado protocols that allow for counseling in contraception and smoking cession; point-of-care testing for A1C, cholesterol, and high blood pressure; rapid flu and strep testing; diabetes education and prevention; and nutrient depletion counseling. The pharmacy's flu vaccine program, which administered 1,000 vaccines between August and December 2018, hit that mark in October this year.

"I'm enjoying expanding our business and offering these services. I'm a young pharmacist, and I'm glad that I can expand the business to use the skills I learned in school, more than just dispensing medication."

– Lucas Smith, Pharm.D.

Buena Vista Drug was the first pharmacy in Colorado to be accredited by the American Association of Diabetes Educators to offer diabetic self-management education, and can bill Medicare for 10 hours of diabetic education. Those patients whose insurance doesn't cover the education sessions pay out of pocket. Currently, Smith is trying to build a diabetic prevention program to show effective outcomes and receive accreditation for that as well. Customers can take advantage of Medicare Part D consultation and compounding services.

"We're trying to offer a lot more unique clinical services to help us grow," says Smith. "The challenge is we can't bill insurance. But people do pay cash for the services."

"WE CAN DO THAT"

Buena Vista Drug is 4,000 square feet, and includes a large gift department and over-the-counter selection. Where Smith has found opportunity is around renting oxygen concentrators, wheelchairs, and knee scooters. Another unique item the pharmacy rents is the biliblanket, used to treat neonatal jaundice. This rental is billable to Medicaid, but the rest are invoiced to the patient.

Since it's a small community, Smith knows

the providers well — running and rock climbing with some — giving him the opportunity to explain what the pharmacy can offer. He joins a quarterly provider meeting that includes four doctors and five mid-level practitioners, and gives an update on what the pharmacy is offering. To promote these services, Smith uses traditional radio advertising during sporting events, as well as Facebook posts.

"I love the services we offer, because they fill the needs of our community," says Smith. "Both the biliblanket and the oxygen concentrators came about because a provider asked if we could do it. I did the research and said that, yes, we could."

VALUE OF FLEXIBILITY

Smith, along with the other full-time pharmacist and two technicians at Buena Vista Drug, uses the PioneerRx system to document clinical encounters. Smith has found he can document his clinical programs using features available in his system. When he installed the system about a year ago, he felt overwhelmed by all he could do with it. But, he says, by working through the screens, using the on-demand training modules, and calling the support desk, he has come to value the system's flexibility.

"When we first got it," he says, "I thought 'Oh, this is cool, but how do you build it out to what you want it to do?' Once you learn about what's available, you can customize the system to what works best for you to document almost any clinical thing you'd want to do."

The on-demand training was particularly helpful, since it explains how to develop clinical programs. This helped Smith to understand the best workflow for his pharmacy. For example, with his med sync program, he plans to use PioneerRx's new care plan module to document phone calls. "I'm excited to use the prebuilt documentation program for our med sync," he says.

Smith has customized the system through prompts based on clinical offerings that are triggered during the dispensing process or at the point of sale. One prompt indicates to the staff that a patient is on a medication that causes nutrient depletion. This gives the pharmacy staff an opportunity to counsel the patient and explain the benefits of a nutritional supplement.

Another trigger Smith plans to use is counseling around blood pressure medications. Smith has built a care plan in the system that prompts the staff to ask patients if they would like to have their blood pressure taken at the store, or if they take it at home, have the store record the data in the care plan. By tracking a health measure like blood pressure, Buena Vista Drug staff are able to alert patients of any trends, such as several months of an elevated blood pressure. Smith says that the staff will ask patients if they want to share the information with their doctor, or if patients would like Buena Vista Drug to contact the doctor. "It's another touch point where we're talking to our patients and offering more than just a prescription," says Smith.

Buena Vista Drug, in a small mountain community in Colorado, provides a clinical hub for its patients. At left, the DME (durable medical equipment) inventory responds to the needs and requests of the pharmacy's customers.

The pharmacy was nominated for Health Mart's Clinical Innovation Award by its McKesson sales rep. Smith says it was an honor to receive the award. "I was surprised," he says. "I'm enjoying expanding our business and offering these services. I'm a young pharmacist, and I'm glad that I can expand the business to use the skills I learned in school, more than just dispensing medication." **CT**

Maggie Lockwood is VP, director of production at ComputerTalk. *She likes sharing the stories of pharmacist entrepreneurs who use technology to find success. You can reach her at maggie@computertalk.com.*

Technology investments that make everyone smile.

When you install a ScriptPro Robotic Prescription Dispensing System, 30–60% of your daily prescription volume is covered, allowing your pharmacy staff to be front and center – right where they should be. Build loyalty and foster meaningful counseling, all while your investment works quietly in the background.

The results are happy customers, increased revenue, and an overall superior pharmacy experience. For over 20 years, ScriptPro has been at the forefront of innovative healthcare solutions for the independent pharmacy market.

Find the right ScriptPro robot for your pharmacy at www.scriptpro.com/automate-now.

800.673.9068 | www.scriptpro.com |

ScriptPro®

The New Vision: The Next Big Thing

by Bill Lockwood
Chairman, Publisher
wal@computertalk.com

We went out and asked pharmacy owners and technology companies to share what they see as having an impact on the future of pharmacy. We report here what we learned.

continued on next page >

continued from previous page

OVER THE YEARS PHARMACY HAS BEEN RESILIENT

in addressing adversity. This has been proven time and time again. Now the adversity comes in the form of lower margins on generics; DIR (direct and indirect remuneration) fees, thus clawing back dollars from adjudicated claims well after the fact; preferred networks; and other aggressive moves by the pharmacy benefit managers to squeeze out more profits from prescription drugs dispensed, at the expense of pharmacy margins. Even the major chains are not immune from these new pressures.

That said, what must happen for pharmacy, particularly the community pharmacy, to survive? Clearly, pharmacy must take steps to reinvent itself. Specialty pharmacy is one avenue, but this presents its own set of challenges in handling the high-priced drugs involved.

An NCPA (National Community Pharmacists Association) recent survey of its members found that 58% stated that they are somewhat likely or very likely to close their doors in the next two years if things do not improve. That's a scary finding. Yet pharmacy is not resting on its oars. The Community Pharmacy Foundation launched a flip-the-pharmacy campaign to change the focus of pharmacy to clinical-based services with care plans and documentation. Lisa Schwartz, who is senior director of professional affairs at NCPA, reports that pharmacists across the country are part of the flip-the-pharmacy initiative. "This seeks to refine the scalable models for pharmacists practicing in the community and taking care of the whole patient over time," says Schwartz. However, she adds, "Scalable pharmacy practice transformation requires changes to workflow, care processes, and business models in repeatable, consistent, and achievable increments." This is a change that system vendors must recognize and address to help pharmacists move in this direction.

Paul Baldwin, from the Baldwin Health Policy Group, sums it up this way: "The dispensing function will become increasingly automated, but cognitive service opportunities abound. Pharmacists will engage in places they never imagined and will be able to pave new roads into direct consumer interactions, even without any official designation as providers under the Medicare program."

Paul Baldwin

Along those lines, Jason Turner, owner of Moundsville Pharmacy in Moundsville, W.V., feels that pharmacies need to develop opportunities to ensure they are maximizing the outcomes for patients — to be focused on providing those services consistently at the highest level for every patient. "This will require pharmacy owners and managers to develop processes for the services being offered and training for the pharmacy staff," he says. He recognizes that many of the services are being offered at no charge to the patient, so it will be important to understand the staffing and expenses required for each service and which of these are having a beneficial outcome for the patient and pharmacy.

Jason Turner

He projects that pharmacies will continue to innovate with new technologies and services, including patient communication tools, medication synchronization, and medication adherence packaging, with more focus on immunizations, nutrient depletion, and therapy optimization.

At Osborn Drugs in Miami, Okla., Bill Osborn, president, has clinical services on his agenda moving forward. Osborn says he is starting to see patient acceptance of adherence packaging and is working on ways to improve clinical services and quality outcomes; he also notes the expansion of NCPA's CPESN (Community Pharmacy Enhanced Services Network) program.

Bill Osborn

Indeed, Synergy Medical is finding steady growth in adherence packaging. Its research has found that in 2015 less

continued on page 18

Ready to Elevate the Role of Pharmacists?

Go Beyond the Fill with Innovative Technology

Equip your pharmacists with proprietary tools to provide advanced clinical services. Tabula Rasa HealthCare's innovative technology solutions improve workflow and enable pharmacists to deliver personalized medication therapy.

MEDWISE™
Medication risk management

RxCompanion™
Disease management

PrescribeWellness
Patient relationship management solutions

Pharmacists bridge the gap to improve outcomes

- Medication decision support tools that help detect, resolve, and prevent adverse drug events
- Multi-channel communication tool allows pharmacies to engage with patients
- Med synchronization tool makes it easy to enroll and sustain patients in a program
- Customizable software that identifies and provides solutions for medication and other health-related problems

TABULARASA HEALTHCARE®

Backed by Science. Proven Outcomes. Documented Savings.

Tabula Rasa HealthCare (TRHC) (NASDAQ:TRHC) is a leader in providing patient-specific, data-driven technology and solutions that enable healthcare organizations and consumers to optimize performance, including medication regimens to improve patient outcomes, reduce hospitalizations, lower healthcare costs, and manage risk.

Tabula Rasa HealthCare® | 228 Strawbridge Drive, Moorestown, NJ I 866-648-2767 I Sales@trhc.com I trhc.com

spotlight: Solutions for the Pharmacy of the Future

Kevin Welch, president of Smith Technologies, parent company of QS/1, and chief technology officer of J M Smith Corporation, was asked to share his thoughts on where pharmacy is heading. Here is what he had to say.

ComputerTalk: Kevin, please share your vision for pharmacy and how technology will power it.

Kevin Welch: Expertise, love of community, and easy access make pharmacists an essential part of the patient care team. As pharmacists' role continues to evolve and expand beyond dispensing, they will likely become the initial healthcare provider for an increasing number of patients.

Healthcare is becoming more focused on patient health outcomes, and pharmacy is in an ideal position to impact results. Pharmacy can show its value by optimizing medication therapy management — engaging patients while monitoring clinical impact, recommending necessary adjustments, and communicating plans and progress to other members of the patients' healthcare team.

Advanced technology will enable more efficient workflow that frees up pharmacists to be more clinically engaged and patient facing.

CT: When you think about the solutions available now, which ones do you think will change how pharmacy will look in the future?

Welch: The Pharmacist eCare Plan initiative has opened the door for pharmacists to communicate with other providers in a universal language. The eCare Plan provides data for outcomes analytics as well as patient status reporting in a standardized format.

"Healthcare is becoming more focused on patient health outcomes, and pharmacy is in an ideal position to impact results."

– Kevin Welch

Precision medicine also has the potential to enhance the patient experience. Through a combination of pharmacogenomics and collaboration with prescribers, pharmacists can better predict treatment and prevention for chronic conditions, which improves health outcomes.

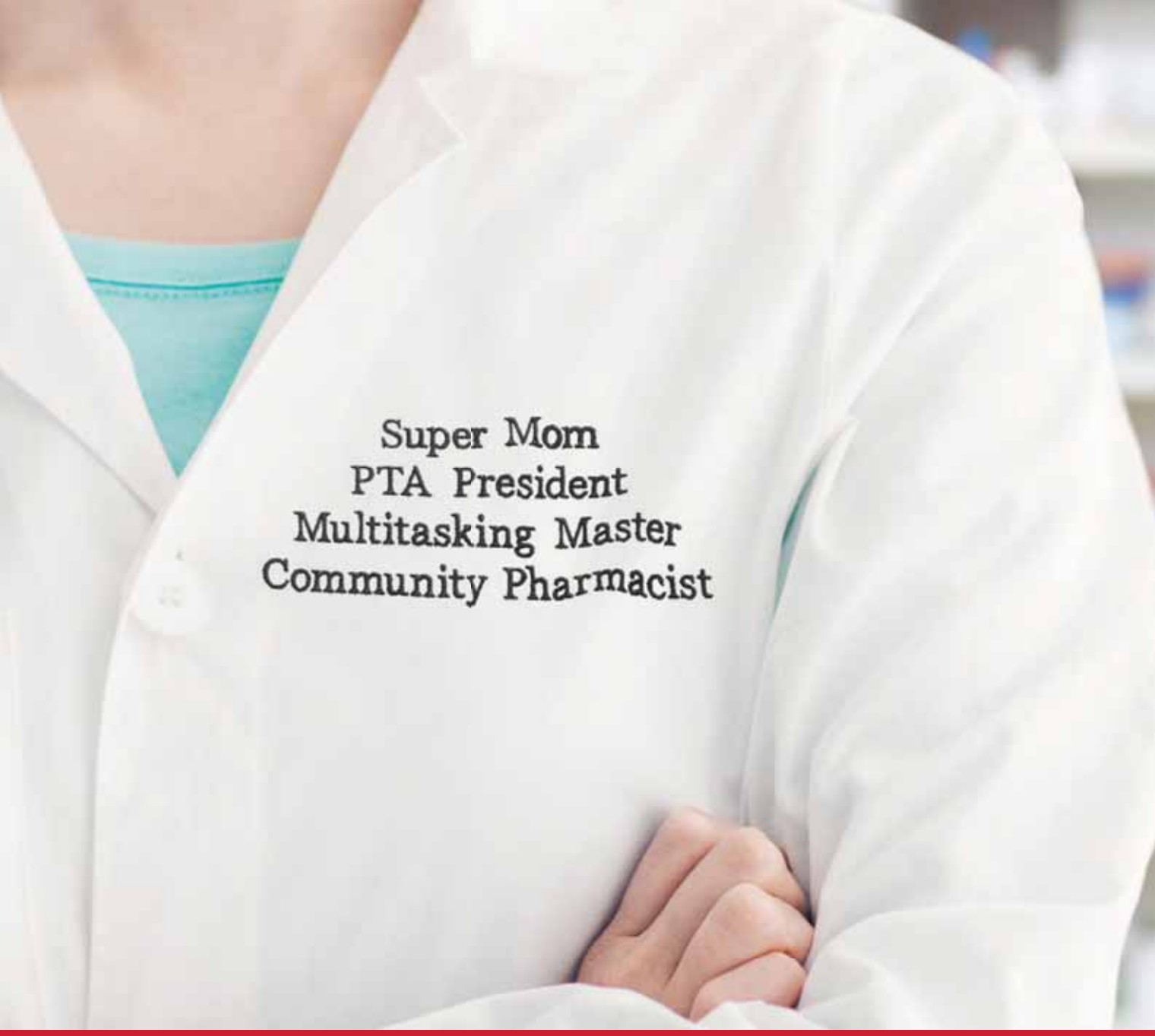
Pharmacies have access to so much data. Intelligent analytics are essential to ensure ongoing business success and help with identifying areas of growth and objectively viewing weaknesses; monitoring trends; looking at contracts and services with negative margins; and analyzing inventory management. With decreasing prescription reimbursement margins, pharmacies must operate at maximum efficiency to maintain positive cash flow. Business analytics enable decision makers to make informed business decisions.

CT: And what will pharmacy look like?

Welch: Dispensing will continue to be more automated, with increased technician involvement — allowing pharmacists to focus heavily on patient engagement and clinical outcomes. Appointment-based medication management will combine synchronized medication delivery with clinical-based pharmacist counseling. Enhanced clinical services as part of, or independent of, collaborative agreements will provide revenue streams from the medical-billing side of healthcare reimbursement.

CT: How is technology going to let pharmacists redefine themselves and become a bigger part of the fabric of the industry and their communities?

Welch: Pharmacy management systems are increasingly providing workflow models with integrated quality control measures that both support enhanced technician roles in the dispensing process and reassure the dispensing pharmacist of prescription accuracy and accountability. With technicians focused on dispensing, pharmacists will have more time to engage patients in clinical discussions that optimize outcomes. Enhanced clinical screening will also further enhance the accuracy and efficiency of medication assessment with appropriate documentation and then communication with other members of the healthcare team. Secure communication options will improve patient engagement while ensuring privacy and data security. **CT**



BROUGHT TO YOU BY QS/1®

NRx® gives community pharmacists the power to be more.

As a community pharmacist, we know you have many responsibilities. You deserve a pharmacy management system that's ready for whatever you need. No other system comes close to NRx's comprehensiveness, hundreds of interfaces, 24/7 emergency support, or ability to adapt to your evolving needs. We know community pharmacy, and we build NRx to help you become everything you want to be.

Go for NRx. / qs1.com/NRx/Go / 800.231.7776

continued from page 14

Mark Rinker

than .5% of all U.S. prescriptions were dispensed in adherence packaging. Today's usage is at 2%. "Given the activity we see with pharmacy chains and independents, it is not a stretch to think adherence packaging will represent 4% of all retail prescriptions dispensed in 2021," says Mark Rinker, the company's VP of sales for North America. He finds that for most pharmacies there can be a period of indigestion as new workflows and processes related to

spotlight: Connecting for Care

Josh Howland, VP of clinical strategy at PioneerRx, offers his thoughts on what pharmacies will need to do to better connect and care for patients.

Josh Howland

Community pharmacy must leverage technology to connect with patients and be a key part of the healthcare team by facilitating interactions with other healthcare providers, providing point-of-care testing, and providing medication management services. PioneerRx pharmacists are able to better understand their patients' needs by using reports to segment and identify gaps in and potential opportunities for services. These services should be provided in a way that the patient wants and can be within the pharmacy, via an app, or even through the use of telemedicine platforms — or preferably by using all three in a way that feels seamless. **CT**

adherence packaging are absorbed. "Often with emerging markets, exponential growth is initially disguised as modest linear growth," Rinker says. "It is inspiring to see pharmacies endure this period knowing that, on the other side, this new service will lead to better patient outcomes, customer retention, and new business opportunities."

VIRTUAL HEALTH

Virtual health is something we are going to hear more and more of as a way of staying connected with the patient. Pharma companies are already moving in this direction. It makes sense for pharmacists to jump on board as well.

Among the emerging technologies that can benefit pharmacy in this manner are secure text messaging and video chat. That's what Cathy Kuhn, director of strategy for UpDox, sees as the future. "These tools can help pharmacists engage existing patients by meeting them where they are," she says. "Patients want to receive text and email reminders about refills or the need to follow up with their prescribers or being informed about immunizations." Having this connection should happen within the workflow of the pharmacy, which Kuhn sees as a way to improve clinical services and revenue, but just as importantly, enabling pharmacists to expand their role as "healthcare's most accessible provider."

Cathy Kuhn

Digital healthcare is also what Ken Thai, co-founder and CEO of 986 Pharmacy in San Marino, Calif., feels will be the new wave "that will affect how pharmacy reinvents itself to start the new decade." Thai points out that it's all around us, from analytical data to the smart watches that monitor our physical health. One theme that weaves throughout our findings is how the pharmacist serves as the medication specialist and needs to leverage this position through deployment of virtual health technology. "Healthcare no longer has to measure only snapshots of our health when we come in for a visit, but our health can be tracked instantaneously," notes Thai.

Ken Thai

DISRUPTIVE TECHNOLOGY

Orsula Knowlton

"The next big thing for pharmacy will be a disruption to the current business through the use of new technology tools," says Orsula Knowlton, president of Tabula Rasa HealthCare. Specifically, she is talking about the company's MedWise program. MedWise takes a completely different

continued on next page

continued from previous page

approach to managing a person's drug therapy, particularly when multiple drugs are taken. It allows the pharmacist to personalize the medication regimen. "This improves medication safety and wellness," says Knowlton. MedWise goes a step further than the traditional drug interaction checking that pharmacists have relied on in their pharmacy systems. MedWise identifies risk for dangerous cumulative side effects, unintentional overdose, and ineffective medication regimens, and presents actionable opportunities using the MedWise Risk Score for risk mitigation. This includes precision dosing systems. MedWise is an indication of where we are headed in providing pharmacists with a new decision support tool that dovetails nicely with the growing emphasis on clinical services.

TAPPING THE MEDICAL BENEFIT

Helping to move pharmacy into new revenue streams is what Mike Coughlin, ScriptPro CEO, envisions as the next big thing. Here he is talking about integration of medical billing into pharmacy management systems: "This will allow specialty pharmacy and ambulatory infusion reimbursement to be received

Mike Coughlin

continued on page 22

Does it feel like your software vendor is abandoning you?

Did your software vendor sell out to a huge corporation, and now you're lost?

Call Datascan, the Independently Owned Pharmacy Software

DATASCAN
Pharmacy Software since 1981

(877) 222-RXRX
sales@datascanpharmacy.com
datascanpharmacy.com

Free Demo • Pain-Free Conversions

spotlight:

Pharmacy Software Underutilized

Kevin Minassian, president of Datascan, a pharmacy software developer located in Bohemia, N.Y., finds that pharmacists are underutilizing areas of the software that can benefit them.

He says, "Independent pharmacy owners need to harness the technology already built into their existing systems and put it to work." Minassian finds that the large majority of independent owners tell him they don't have the time, or they are afraid to automate certain processes. "This leaves them overstaffed and with declining reimbursement; this is something they cannot afford to do," he says.

Kevin Minassian

"I do not feel that pharmacists are taking advantage of the functionality we offer that can improve their profit margins," says Minassian. Specifically, he points to the underutilization of the adherence dashboard in the system to build medication adherence and star ratings, and of course increase revenue from higher refills. The dashboard can also be used to organize requests sent to doctors that require follow-up, and is a timesaver. Another feature that he finds lacking use is a profit optimizer to help choose an equivalent lower-cost drug to dispense. "We are giving pharmacists the tools to help improve their margins, and it is frustrating to see the lack of uptake," he says.

Minassian suggests that pharmacists dig into their software to find out how they can put the technology they have to better use. **CT**

Be like Eric -

Change how you do business with automated will-call.

The RxMedic® Automated Retrieval System (ARS®) is an electronic will-call system that helps you more effectively store, organize, retrieve and return prescriptions to stock. Utilizing unique hanging bags with LED lights, the ARS helps you easily identify prescriptions for pick-up and allows you to keep same-household prescriptions together. Even better, this simplified system works with most pharmacy management systems.

See the future of pharmacy automation and what it can do for you. Visit rxmedic.com or call 800.882.3819.

"RxMedic's ARS provides peace of mind regarding patient safety not found in other will call systems. It has helped us utilize the tools in our pharmacy management system better. It's also the kind of technology that gets patients' attention."

Eric Russo – Director of Clinical Services at Hobbs Pharmacy in Merritt Island, FL

RxMedic

© 2017 RxMedic Systems, Inc. RxMedic and ARS are registered trademarks of RxMedic Systems, Inc. RxMedic Systems, Inc. is a subsidiary of the J M Smith Corporation.

continued from page 20

from either the pharmacy benefit or medical benefit coverage."

BestRx is another company that sees opportunity here. An optional medical billing component was recently added to its software to allow pharmacies to submit claims for professional services, medical supplies, drugs, and immunizations covered under the patient's medical benefit. Stephen Barnes, director of sales and marketing for the company, encourages pharmacists to pursue the medical benefit in their growth strategy for the pharmacy. This is revenue that can offset what is being lost on traditional prescription drug billing.

Stephen Barnes

MOVING FORWARD

There you have it. While the current environment may be considered bleak, there is opportunity for pharmacy to move the needle in its favor. The use of technology-based products and services will continue to play an important role in the survival of community pharmacy. **CT**

Share your "Next Big Thing" at wp.me/p9LtTd-2sF.

spotlight: Beyond Dispensing

Here, Michael Muniz, owner of Muniz Rio Grande Pharmacy in Harlingen, Texas, offers his perspective on the next big thing. It has to be more than dispensing product.

Michael Muniz

Pharmacy has been all about volume and, to a certain extent, quality. This has been the case for many years, especially as reimbursement for a product has decreased. The only way to be profitable in that side of the business is to have the volume to sustain your business. In the future you have to offer more and be more. I completed a Fellowship in Metabolic & Nutritional Medicine with A4M in 2016, and that has been one of the best things I have invested in. With this training I am able to treat the patient holistically rather than with a compartmental treatment approach. We try to find the root cause of the issue. Much of this starts with what our patients are consuming. I have a program where I sit with patients weekly for a month, then for two more visits at two-week intervals. Here we get them to eat better and to see how foods affect them. This is the nutrition part of healing and different from just diet. We take it to where it is a true lifestyle change. With this we are able to get patients to decrease their medications, and often they are completely taken off medications. They will sometimes use nutritional supplements to get what they are deficient in from only what they are eating.

In Texas, pharmacists will be included as providers and be able to bill insurance companies for the services they provide come January 2020. This billing will be done through the PioneerRx system. I am working with them to get the superbilling software in place. In the meantime patients are paying cash for the service. The encounters are documented in the Practice Better system I use, which is web based. I like this because it can travel with me. I then upload my notes to the PioneerRx system.

These services and payment for these services are the next big thing. Pharmacists will no longer need to be tied to a product. A product will be dispensed at a pharmacy, but pharmacists will be able to go out and partner with physicians and be a point of reference for their patients. This increases the practice setting for a pharmacist.

Don't get me wrong: We still need to be the ones dispensing the medications and making sure that the patient is not at risk for drug interactions.

My advice: Never stop learning, and continue to be part of the healthcare team. Many of my colleagues only want to dispense a medication and not further their education or specialization, which is the same route taken by those pharmacists who are now closing their pharmacies. We can provide amazing care when we are allowed to be a part of the medical team. **CT**

You and Your Primary Wholesaler

The relationship between pharmacies and their primary wholesaler has dramatically evolved over the past 30-plus years — from a true partnership in the '70s and the early '80s, to today's often-mined landscape, where any and every misstep can, at the minimum, be costly.

PharmSaver's President Mike Sosnowik

Let's begin by verifying a fact and dispelling a myth.

Fact: Every pharmacy must have a primary wholesaler. This fact is just as true today as ever. In addition to generics, a pharmacy must have access to a brand, specialty, and OTC (over the counter) drugs, at competitive pricing available five to six days a week with next-day delivery.

Myth: A pharmacy must commit all or even the vast majority of its volume to its primary wholesaler. This is obviously dependent on both a pharmacy's underlying base and its velocity of growth. In today's reimbursement-driven business, the ability to control cost of goods defines a pharmacy's profitability and even its long-term viability.

Taking these two conflicting realities into consideration, the answer is somewhat intuitive. A balance must be struck that maintains your primary relationship while making sure you have the room to address cost and reimbursement pressures.

While the answer may sound simple, the implementation is anything but. How does a pharmacy find the tools to manage its wholesaler agreement, identify significant cost savings, avoid ever-growing reimbursement pressures, and — dare we say — find the time to do it all?

Technology to the Rescue!

New technologies have become available that potentially answer some or all of these challenges. However, not all technologies are created equal. In evaluating technological solutions, you need to first make sure you identify the specific requirements to address the needs of your business. Just as with technology, no two businesses needs are exactly the same. So, to evaluate a solution, let's look at some specific areas to address.

You need to identify the structure of your primary vendor agreement (PVA). Technology that can't honor and protect this is, at best, either a short-term solution or one that will necessitate additional manual intervention to manage compliance.

What is your current cost of goods, brand versus generic, and perhaps more importantly, what is your overall dollar ratio between the two? Many pharmacies fall into the brand discount trap. Yes, cost minus 6% is attractive, but if brands make up 70% of your volume, how much is that discount costing you on the other 30%? Let's look at an example for a pharmacy with $1 million a month in purchases: Purchases: $1,000,000; Brand: $700,000; Generic: $300,000.

For the cost minus 6%, the pharmacy must commit 100% of its volume to its primary wholesaler: 6%; Brand savings: $42,000.

However, in comparing generic prices, in the open market, we find overall savings of 20% to 30% after all rebates, some even higher.

Now, lets move this to a hypothetical real-world example. At a 4.5% brand discount, you commit 70% of your volume. On brands, you have increased your brand costs by $10,500 ($700,000 at 1.5%). But on generics you have realized savings of between $18,000 to $27,000 per month, leaving a net savings of $10,500 to $16,000 per month. Over the course of a year you can add $90,000 to $200,000 of annualized savings straight to your bottom line.

Acknowledging the need for technology, how does one choose between platforms? Here are some important factors to consider:

- ❏ Costs, both direct and indirect.
- ❏ Ability to manage and adhere to your PVA.
- ❏ Integration: Can you seamlessly integrate and use technology? A common trap with systems is perceived benefits at the cost of more time than you have.
- ❏ Access: Can my chosen solution provide access to a dynamic marketplace?
- ❏ Partnership: Is a technology solution one that addresses its users' needs while competing with your business? You must be clear that any partner must be independent, not driven by either a wholesaler, PBM (pharmacy benefit manager), or competing pharmacy.
- ❏ Dynamic: Is your technology provider up to date today, with a proven track record of updates and responsiveness to user, market, and regulatory changes?

Conclusions

There are a number of technology solutions available today. However, one system has been designed to be flexible and fulfill your pharmacy's needs.

PharmSaver provides:

- ❏ Ease of use and integration.
- ❏ Independence. No affiliation with any competing organizations.
- ❏ Compliance and update history.
- ❏ "Reimbursement Alert" is the only prospective reimbursement tool on the market.
- ❏ Wholesaler management tools. Manage your wholesaler's PVA, your generic compliance, and/or top-line revenue using a parameter-driven rule set.

The PharmSaver system provides both the analytic power and the access to a dynamic marketplace that allows pharmacies to accomplish more in less time and at no cost to the user. Visit pharmsaver.net to learn more. **CT**

Learn more about Pharmsaver at https://www.computertalk.com/buyers-guide/pharmsaver/.

AMERICAN SOCIETY FOR AUTOMATION IN PHARMACY

THE LEADING FORUM ON TECHNOLOGY FOR THE PHARMACY MARKET

ASAP

2020 Annual Conference

The Ritz-Carlton | Amelia Island, Florida
January 15 – 17

Conference Highlights:

- The U.S. Pharmaceutical Market: Trends, Issues, and Outlook
- Project IMPACT: Immunizations — New Innovations in Population Health
- USP <800> Hazardous Drugs Is Here: What Needs To Happen at the Retail and LTC Pharmacy?
- California Consumer Privacy Act: Requirements, Challenges, and Unintended Consequences
- The Amazon-Pillpack Venture: The Latest
- Lessons Learned on the Road: What Pharmacists Are Doing to Succeed
- Redefining Medication Access: Focusing Upstream to Improve Adherence and Quality
- Fight Tomorrow's Battle, Not Yesterday's: How Technology Can Advance Guideline Care Delivery in the Pharmacy
- Revisiting Readmissions and Transitions of Care: Current and Future Priorities

Online conference registration available by visiting
www.asapnet.org/registration.html

ASAP
American Society for Automation in Pharmacy
492 Norristown Road, Suite 160 • Blue Bell, PA 19422
610.825.7783 • Fax: 610.825.7641 • www.asapnet.org

Customer Service as Pharmacy Development Incubator

With independent pharmacy, owners have to be good at two things: They have to keep up with their pharmacy knowledge so they can be effective at counseling their patients, and they have to develop their business skills to ensure they run a successful business. Here, ComputerTalk*'s Maggie Lockwood shares insights from Liberty's Adam Engel.*

"It's an interesting job just from that perspective," says Adam Engel, Pharm.D., director of client services at Liberty Software in Southlake, Texas. "Pharmacy owners encounter things on a day-to-day basis that I think I can relate to and help them with."

After years in pharmacy in multiple settings, from retail, grocery, big-box retail, and hospital settings, Engel decided he wanted to develop his business expertise and got an M.B.A. from Southern Methodist University. When Engel joined Liberty as director of client services in 2017, it turned out to be a perfect fit: He got to step out from behind the bench, but remain closely connected to pharmacy.

Engel says he typically doesn't share he has a pharmacy degree when talking to customers, although he has found that when he works it into the conversation, customers like to know they are working with someone who has been in their shoes.

In Their Shoes

A typical week at Liberty begins with calls coming in on Monday morning, and the service team members either troubleshoot the issue themselves or route the call to another department. Engel has developed implementation training programs and teams to support various customer support areas, like printers, networks, and account management, so staff members know their roles and can handle specific issues quickly. He says that Liberty has hired a number of pharmacy technicians, since they understand the day-to-day routines in a pharmacy and how to get through the prescription-processing process. Mondays are a tough day in pharmacy, and that trickles down to the customer support department. And the first day of the month is even busier. "They can really be in the shoes of the customer on the other end of the phone," Engel says. "Some pharmacies are large enough to hire a computer guru, so to speak, to help them with the problems, but for a lot of our customers, we're their first line of defense when it comes to computer-related problems — from hardware to networking. And we take the time to try and help them with those problems."

Liberty's Adam Engel

Community pharmacists rely on customer support departments to solve problems and field ideas to improve their systems. Here's an insider's look at how to best take advantage of that time on the phone.

Seeing Trends, Implementing Change

Every pharmacy setting is different, and the issues that pharmacy staff call in with to Engel's team are unique. There are a few themes, though, including insurance and getting paid based on insurance company requirements. The Liberty team helps in reviewing the steps to take with the insurance company to get a claim paid. On the clinical side, Liberty has developed an eCare plan and assists customers with submitting the plans. "We've seen this slowly increase," Engel says. Medication therapy management (MTM) is also a fairly common concern.

One of Engel's favorite parts of his job is development meetings. The staff reviews features that could be improved or new features that are ready for release. He serves as a resource to the team, providing experience to make it more user-friendly for the customer. "I didn't know that was going to be part of my role," Engel says. "But it's one that I really enjoy. I can have a big effect on thousands of people if I make a suggestion that can prevent one extra click. That means our customers can more easily deliver a service to their customers." **CT**

Maggie Lockwood is VP, director of production at ComputerTalk. *You can reach her at maggie@computertalk.com.*

HOW DO YOU GET SUPPORT? Join us for a reader discussion. Sign up online at wp.me/p9LtTd-2t1.

Podcasts for Pharmacists

Joshua C. Hollingsworth, Pharm.D., Ph.D.,

Brent I. Fox, Pharm.D., Ph.D.

HOW DO YOU KEEP UP WITH

the ever-changing landscape regarding the art and science of medicine, with all the relevant new studies and findings, recent FDA drug approvals, guideline updates, medical reversals, relevant FDA warnings, etc.? How and when do you find the time to consume the plethora of pertinent new medical information?

As we all know from experience, there's generally not much time to sit and read at work in order to keep up sufficiently. There are always more pressing matters — verifying orders, consulting with physicians, filling prescriptions, counseling patients, etc. — that must be addressed while we're on the clock, and rightly so. So what about reading during free time, outside of work? According to the 2018 American Time Use Survey, conducted by the U.S. Bureau of Labor Statistics, adults spend on average 16 minutes per day reading as a leisure activity. That's not a lot of time — plus, if you are reading for pleasure, do you really want to read technical medical papers and guidelines? Our guess would be, no. So how else can you stay on top of the latest advances in pharmacy and medicine? Well, what if the time you spend performing chores around the house, exercising, commuting to and from work, and other daily activities that require little mental effort could serve double duty, allowing you to get things done and advance your pharmacy-related knowledge at the same time? Enter podcasts.

Podcasts are audio (and sometimes video) programs made available in a digital format that can be streamed or downloaded from the internet. Most podcasts are free and release content on a regular schedule, putting out an episode a week, for example. To consume a podcast, most people use a podcast app on their mobile device. For instance, Apple makes the (creatively named) Podcasts app for iOS devices (iPhones and iPads), and Google makes the (just as creatively named) Google Podcasts app for Android devices. In addition, there are many free third-party podcast apps that work on both iOS and Android devices. These include RadioPublic, Castbox, and Stitcher, just to name a few. Spotify, the popular music streaming service, also includes podcasts in its library of content. These apps can be used to find, listen to, and subscribe to podcasts of your choosing. Once you subscribe to a podcast, all new episodes will be automatically downloaded to your device as they become available.

There are podcasts for nearly any topic you can imagine. According to the latest estimates, there are over 750,000 podcasts currently available, with more than 30 million episodes. Essentially, anyone with internet access, a way to record audio (e.g., a smartphone or some other recording device), sufficient time, and a little bit of research can produce a podcast. So, as you might expect, the quality in terms of both content and production value varies widely from podcast to podcast. Here, we will cover high-quality podcasts that are relevant to pharmacists. We will start with podcasts produced by medical and pharmacy journals, then move to podcasts produced by pharmacists for pharmacists, and then cover a few general health-related podcasts that may be of interest. Keep in mind that this is just a sampling and is nowhere near an exhaustive list.

PODCASTS PRODUCED BY MEDICAL AND PHARMACY JOURNALS

Several medical and pharmacy journals produce podcasts. Generally, these podcasts serve as companions to the journal itself, with the latest podcast episode covering some portion of the content that was published in the journal's most recent issue. Often, this will take the form of an interview or discussion with one of the authors of a recently published manuscript in the journal. Alternatively, episodes may consist of the journal's editors discussing research that was recently published in their journal. It seems that most, if not all, of the major medical journals now have podcasts. These include the *New England Journal of Medicine (NEJM)*, *The Lancet*, the *Journal of the American Medical Association (JAMA)*, the *Annals of Internal Medicine*, and *The British Medical Journal (BMJ)*, among others. Some of these journals put out multiple podcast feeds. For instance, searching "JAMA" in the Apple

Podcast app returns 27 different podcasts that are part of the JAMA Network. Similarly, searching "BMJ" within the same app returns 33 podcasts that are part of the BMJ Group. Some pharmacy-specific journals also produce podcasts. For instance, there's the *European Journal of Hospital Pharmacy (EJHP)* Podcast, which is part of the aforementioned BMJ Group. Then there's AJHP Voices, the *American Journal of Health-System Pharmacy*'s podcast, which "focuses on impactful, relevant, and cutting-edge professional and scientific content that drives optimal medication use and health outcomes."

PODCASTS PRODUCED BY PHARMACISTS FOR PHARMACISTS

There are several podcasts that are produced by pharmacists (and other healthcare providers) for pharmacists (and other healthcare providers). Here are a few such podcasts that are rated highly. The Best Science (BS) Medicine Podcast, produced by Michael Allan, M.D., and James McCormack, Pharm.D., aims to give pharmacists and other practitioners evidence-based drug therapy content in a practical and entertaining way. Similarly, the CorConsult Rx podcast, produced by Mike Corvino, Pharm.D., BCPS, aims to provide evidence-based medicine and drug updates to pharmacists and other practitioners "that are on the go." The HelixTalk podcast is produced by pharmacy faculty at Rosalind Franklin University College of Pharmacy in order to provide "real-life clinical pearls and discussions [that] will help you stay up-to-date." The Elective Rotation Podcast, produced by Joseph Muench, Pharm.D., covers critical care and hospital pharmacy information and claims to be the number-one ranked podcast in this area of focus. Then there's the Pharmacy Podcast Network, which has more than 20 different podcasts, some of which are hosted by pharmacists, covering different aspects of pharmacy and pharmacy practice, ranging from pharmacogenomics to career development. The American College of Clinical Pharmacy (ACCP) also has a podcast, in which the hosts interview experts and influencers in clinical pharmacy and provide an overview of various research topics.

OTHER HEALTH-RELATED PODCASTS

There are other health-related podcasts that we find interesting and insightful, and that you may as well. Here are just a few. There's the People's Pharmacy Podcast, hosted by Joe Graedon (pharmacologist) and Terry Gradon (medical anthropologist), which

Listen and Learn Podcasts are an easy way to stay informed of current trends. Get links to podcasts in this column at wp.me/p9LtTd-2r6

covers "everything from home remedies to the latest medical advances." Their approach is appropriate for a lay audience, and the podcast has been featured on "Good Morning America," NPR, and other national outlets. The Peter Attia Drive Podcast, hosted by Peter Attia, M.D., brings on experts in various fields related to "health, performance, critical thinking, and pursuing excellence," with ultimate focus on health and longevity. Dr. Attia dives in deep with his guests each week in their area of expertise. Then there's the Found My Fitness Podcast, hosted by Rhonda Patrick, Ph.D., which aims to promote strategies to "increase healthspan, well-being, cognitive and physical performance" through in-depth discussions with experts.

As with any resource in medicine, you want to make sure the podcasts that you subscribe and listen to are reputable and give accurate and up-to-date information. This is more of a concern for those "independent" podcasts, produced by individuals, and less so for podcasts produced by established and well-respected medical journals and content providers. Otherwise, the approach you take is up to you. You can subscribe to a particular podcast and listen to every episode it produces. Alternatively, you can track a few different podcasts and consume only those episodes that are of specific interest to you. If you are looking for a specific topic (e.g., an overview of hypertension guidelines), try using it as a search term in your podcast app. You may find new and unexpected podcasts to enjoy this way. Sharing reputable podcasts with your patients or colleagues is also a great way to disseminate valuable information. One topic that we didn't find a podcast dedicated to is drug shortages. We know such a podcast would be relevant and valuable to many *ComputerTalk* readers. So, do you regularly listen to any medicine-focused podcasts? Do you do so when accomplishing other tasks, such as commuting to work or working out at the gym? We welcome your comments and questions. **CT**

Joshua C. Hollingsworth, Pharm.D., Ph.D., is an assistant professor, Pharmacology and Biomedical Sciences, Edward Via College of Osteopathic Medicine, Auburn Campus, and Brent I. Fox, Pharm.D., Ph.D., is an associate professor in the Department of Health Outcomes Research and Policy, Harrison School of Pharmacy, Auburn University. The authors can be reached at jch0010@auburn.edu and foxbren@auburn.edu.

2020: Clinical Services Out of Necessity?

Tim Kosty, R.Ph., and **Don Dietz,** R.Ph.

WITH THE START OF A NEW DECADE,

we expect changes for pharmacy 2020 that have been a long time coming. We see a continual decline in reimbursement rates, albeit at a slower rate, and continued consolidation of retail pharmacies. There is now an oversupply of pharmacists, leading to lower wage rates for graduating students. The new graduates are seeking to use their clinical skills, and we believe the lower wages and lack of jobs will lead new graduates and displaced pharmacists to create and offer innovative clinical services that meet the needs of our patients and/or payers.

OVER SUPPLY OF PHARM.D. GRADUATES

Since 2010, 38 new pharmacy schools have opened, and nearly 5,500 new pharmacists are graduating each year. With average student debt upon graduation rising to $163,494 (a $40,000 increase from 2012) and over 25% of new Pharm.D. graduates unable to find full-time work upon graduation, the landscape for pharmacy will inevitably have to change.

We find that universities have been incorporating more clinical-services training into the curriculum. However, retail pharmacy chains realize that clinical services performed by pharmacists have not generated sufficient gross profit to divert resources from the dispensing of prescriptions to the provision of these services. However, the oversupply of pharmacists and reductions in wages for new graduates could make the provision of clinical services more attractive.

> Creating value for patients and payers will be the path to obtaining equitable reimbursement for new pharmacy services.

Furthermore, pharmacists are retiring at an older age. Only 47% of baby boomers have retired at age 65, creating fewer openings for new graduates. Using Social Security as a barometer, retirement age has increased from 65 to 67, so conceivably more seasoned pharmacists are working longer instead of retiring. With the supply-and-demand curve changed from the last 30 years, we expect that pharmacists' wages will stagnate at best, and likely go lower, until a new equilibrium is reached. Lower wages will change the opportunity-cost dynamics when comparing dispensing prescriptions to new clinical services being created by pharmacists. Innovation will be a necessity as pharmacists create new opportunities to employ their skills and leverage technology to offer these new services.

PATIENT ENGAGEMENT STRATEGIES

Patients are taking more ownership of their medical decisions. The mantra has switched from "What can the healthcare system do for me?" to "How can I be involved in obtaining optimal care?" Pharmacies have responded and begun implementing virtual services such as text message reminders, adherence calls, and electronic transfer of prescriptions to other pharmacies. These innovations have been beneficial, but we believe a more holistic approach to patient engagement strategies will soon be undertaken.

Episodic interactions between a patient and pharmacist can cause patient confusion and focus on specific issues rather than overall patient health. Retail chains are evaluating global patient engagement strategies that enable patients to select the frequency and channels of communications with their pharmacist. We believe these programs will engage patients in their prescription drug therapy and enable pharmacists to play a more central

role. With advances in technology, the costs of providing these interactions are decreasing through automation.

CHAINS TESTING THE WATERS

This year we have seen the large chains pilot innovative programs in healthcare, including pharmacy. Walmart is testing strategies for clinical services provided by pharmacists and other healthcare professionals. Walmart has also launched a health center initiative that will provide family practice care along with pharmacy, optical, and laboratory services that cost $59 to $99 per visit for an individual without health insurance, although many major insurance plans are accepted. CVS has pivoted away from its MinuteClinic model to a newer, improved HealthHUB that provides more comprehensive clinical services.

Other patient engagement strategies that will continue to evolve are telehealth and telemedicine. Easy access to care is valued by consumers. CVS has expanded its telehealth services to 32 states and will continue to expand in rural areas where access to healthcare is not as readily available. Rite Aid has partnered with InTouch Health and launched telehealth kiosks in several pharmacies. Their attempt to incorporate point-of-care testing will facilitate patient engagement and clinical service opportunities for patients via collaborative practice agreements. These retail giants are creating an ease of care for individuals and families that potentially will change how primary care is delivered. CVS Health believes it will be successful with this model and use the Aetna acquisition to drive members to its new HealthHUBs.

While there are numerous successful efforts throughout the country, we see value in the integration of clinical services in community pharmacies provided by CPESN (Community Pharmacy Enhanced Services Network) as a clinically integrated network.

AN OPPORTUNITY FOR INDEPENDENTS

We see independent pharmacies as another incubator for pharmacy-based clinical services. While there are numerous successful efforts throughout the country, we see value in the integration of clinical services in community pharmacies provided by CPESN (Community Pharmacy Enhanced Services Network) as a clinically integrated network. CPESN is providing a network of pharmacists and engaging payers with an integrated approach to clinical services, leading to a reduction in costs for payers. The primary objective of CPESN is quality improvement through new enhanced services and improvement on existing service offerings. Our hope is that this serves as a pathway for individual pharmacies to expand clinical services in an organized fashion.

CONCLUSION

Pharmacy consolidation will be ongoing. The resulting oversupply of pharmacists will create incentives to explore, test, and implement new clinical services models. We are entering a new labor market for pharmacists that will require changes in thinking and services compared to what we have experienced in the past. Creating value for patients and payers will be the path to obtaining equitable reimbursement for new pharmacy services. New technology will make patient engagement a new focus for pharmacists, both at chains and independents. Will you be leading the change or following? Best wishes for a healthy and prosperous 2020! **CT**

Tim Kosty, R.Ph., is president, and Don Dietz, R.Ph., is VP of Pharmacy Healthcare Solutions Inc. The authors have more than 68 years of experience, combined, in the pharmacy market. The authors can be reached at tkosty@phsirx.com and ddietz@phsirx.com.

Patient Satisfaction Better with Pharmacist Discussion

Marsha K. Millonig
B.Pharm., M.B.A.

RESULTS RECENTLY RELEASED FROM THE annual J.D. Power 2019 U.S. Pharmacy Study showed that patients enjoy visiting brick-and-mortar pharmacies and find a great deal of satisfaction from talking with their pharmacist. More specifically, nearly 90% of patients surveyed in the annual report said they communicate with the pharmacist and staff in person.

The U.S. Pharmacy Study measures customer satisfaction with brick-and-mortar and mail-order pharmacies. The 2019 study is based on responses from 12,059 pharmacy customers who had a prescription filled during the three months prior to the survey period of May–June 2019 (see list below).

This does not surprise me, given my experiences working as a pharmacist in a variety of settings in the past 25 years. When I am practicing at the pharmacy, I try to help at the will-call window when possible, because it allows that interaction without the pharmacy technician asking the patient to step to the counseling area and having me visit there. I can do both at one time. Patients are hungry for information. Several times a year I make a mental note to track the questions I am asked during a pharmacy shift. The variety might surprise those unfamiliar with the day to day in the pharmacy environment. Last week during one short shift, on the OTC (over the counter) front alone I was asked about:

- The best type and dosage form of vitamins for a 2-year-old patient, and what determined quality.
- What treatment parents could try for allergies for their first grader.
- The difference between several denture adhesives and dosage forms.
- What drug interactions existed for a dog being treated for a chronic condition with more than one medication.
- Which probiotic might work best for an adult patient being prescribed an antibiotic.
- Which brace would be best for a sore knee, and how to use it.
- What available OTC antifungal could be used with a feeding tube.

A NO-COST SERVICE

Pharmacists are indeed the most accessible healthcare professional, and most of our counsel is provided to the patient at no cost. The counseling provided with a prescription is not separately compensated by the patient. Yet in these times of decreasing reimbursements and continued pressure on pharmacy margins from direct and indirect remuneration (DIR) fees, lower-than-product-cost payments and inability to service the patient's entire medication needs due to some medications coming from specialty pharmacy, patients are still able to access and receive advice from pharmacists at nearly every corner, for now.

I wrote in the July/August *ComputerTalk* issue about the correlation between pharmacy closures and decreased medication adherence. State pharmacy association executives have talked about the calls they are receiving from owners desperately trying to keep their doors open. And it is not just independent pharmacies that are being impacted:

- Shopko shuttered more than 300 stores earlier this year.
- Walgreens announced it would be closing 200 locations.
- CVS announced 46 closures.
- Several Lunds & Byerlys pharmacies closed their doors.

Pressure continues to mount, and the long-awaited rebate and DIR reform was rejected by two high-level Trump advisors. The pharmacy community continues to

On a 1,000-point satisfaction scale, patients gave high ratings to their interactions with pharmacists:

940 points when four or more issues were discussed
917 points when two issues were discussed
884 points when one issue was discussed

pursue the reform, and we will need to wait and see on relief.

Operations and staffing levels are being managed extremely tightly in response to this pressure. It is an increasingly rare occasion when I pick up a shift where things are not behind or that the daily pressure to keep up is not great. In the meantime, flu season is upon us, and the goal to provide this important service is being emphasized in the pharmacy community; people have come to expect this important public health service from their pharmacist. This increased demand for services is being accomplished with the same resources. In the long term, this balance is not sustainable. How long before patient satisfaction decreases?

There are some breaks coming. The FDA has delayed enforcement of the Drug Supply Chain Security Act's (DSCSA) return requirements on wholesalers to ensure that all returned products have the barcoded product ID. I imagine this may also be pushed back for pharmacy/dispenser compliance next year.

Additionally, the United States Pharmacopeia (USP) announced this week that the effective date for new revisions made on June 1, 2019, to <795> Pharmaceutical Compounding – Nonsterile Preparations and <797> Pharmaceutical Compounding – Sterile Preparations, as well as a new chapter, <825> Radiopharmaceuticals – Preparation, Compounding, Dispensing, and Repackaging, has been postponed indefinitely until the appeals process has been completed. USP received appeals on certain provisions in <795>, <797>, and <825> from a broad range of individuals and organizations. My understanding is there is significant disagreement in the pharmacy community about changes to beyond-use dates on one of the monographs, among other key issues. Now, following its bylaws, USP will follow an appeals process, which includes postponing the official date of the monographs.

Stakeholders who submitted appeals on the compounding chapters have requested further review by an appointed panel.

Stay tuned on all fronts. I'll keep you posted in the weeks and months ahead. In the meantime, I encourage pharmacy computer system vendors to continue to think of innovations that can help further streamline workflow in the pharmacy and support their customers. **CT**

Marsha K. Millonig, B.Pharm., M.B.A., is president and CEO of Catalyst Enterprises, LLC, and an associate fellow at the University of Minnesota College of Pharmacy Center for Leading Healthcare Change. The author can be reached at mmillonig@catalystenterprises.net.

Access the references and additional resources at wp.me/p9LtTd-2r4

J.D. Power 2019 U.S. Pharmacy Study.

Articles on Shopko, Walgreens, CVS, Lunds & Byerlys pharmacy closures.

DIR reform.

United States Pharmacopeia (USP) announcements.

FDA Drug Supply Chain Security Act's (DSCSA) return requirements.

Index of Advertisers

American Society for Automation in Pharmacy 24
BestRx Pharmacy Software 5
Datascan 20
Integra ..... Inside Back Cover
Liberty Software ..... Back Cover
Micro Merchant Systems 18
PharmSaver 22
PioneerRx 3
QS/1 17
RxMedic ..... Inside Front Cover, 21
ScriptPro 12
SoftWriters 1
Speed Script 19
Tabula Rasa HealthCare 15

NCPA 2019 Annual Convention & Expo

SEE FULL GALLERY AT: wp.me/p9LtTd-2sZ

The National Community Pharmacists Association (NCPA) held its 2019 Annual Convention & Expo in San Diego, Calif. This year's theme was "Changing The Pharmacy Payment Model," which was represented across the conference educational and business program, as well as within the exhibit hall. View more photos of the event online.

Kirby Lester's Geoff Dutcher, left, and Chris Shine.

From left, Todd Evers, from Dauber Pharmacy, with QS/1's Rich Muller and Brian Sullivan.

At the Tabula Rasa HealthCare exhibit, PrescribeWellness's Briana Skalski, left, and Kevin Boesen, right, with Stephanie Headrick from Duran Central Pharmacy.

Attendees checking in at the Integra exhibit.

Karen Slagle from Northside Pharmacy with Micro Merchant Systems' Brent Patton.

Corey Edwards, left, from Health Data Wise with ScriptPro's Nick Ruiz.

Pharmacists check out Liberty Software's exhibit.

Attendees at the Synergy Medical exhibit.

Pharmsaver's Phillip Idziak, left, and Mike Sosnowik.

Phil Ho, left, from the AIDS Healthcare Foundation with R.J. Hedges & Associates' Jeff Hedges.

A group of attendees at a PioneerRx software demo.

BestRx Pharmacy Software's Stephen Barnes, left, and Vikas Desai.

integra®

The Potential of Blue

Realize Your Potential

PrimeCare®
COMPREHENSIVE
Pharmacy Oversight

DocuTrack®
END-TO-END
Workflow Solution

Logix®
EFFICIENT
Process Automation

DeliveryTrack®
COMPLIANT
Pharmacy Logistics

Mevesi®
INTELLIGENT
Business Analytics

WebConnect®
SECURE
Information Sharing

The Integra Suite provides its clients with everything they need to realize their full potential — allowing them to be more competitive, generate more profits, and most importantly serve their patients better!

Contact us today and learn how Integra can help you attain your business objectives.

www.integragroup.com / (866) 720-6846 / sales@integragroup.com

Integra is part of Smith Technologies, LLC, a subsidiary of the J M Smith Corporation.

99%
CUSTOMER SATISFACTION

With six full-time, on-staff pharmacists, we get pharmacy. We understand your challenges and are ready to help with outstanding technical assistance and best practice recommendations.

Pharmacy Software helping community pharmacies enhance patient care, increase patient safety, and improve profitability.

Liberty SOFTWARE

PHARMACY SOFTWARE FOR
PHARMACY SUCCESS

*View a demo now at **www.libertysoftware.com** or call us at **800-480-9603***

Customer Satisfaction rating from March 2019 customer service survey.